2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# C10089

Entity Name: SANDERSON LODGE NO. 122 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 23-7526414 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPPARD, ROY C
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	BRADFORD, WALTMAN JR	
Address:	ROUTE 2 BOX 985	
City-St-Zip:	GLEN SAINT MARY, FL 32040	
Title:	SWD	( ) Delete
Name:	PEARCE, JOHN C JR	
Address:	P.O. BOX 321	
City-St-Zip:	SANDERSON, FL 32087	
Title:	WMD	( ) Delete
Name:	DELA CRUZ, JOSEFINO N	
Address:	P.O. BOX 7125	
City-St-Zip:	JACKSONVILLE, FL 32238	
Title:	JWD	( ) Delete
Name:	WILLIAMS, JOHN A	
Address:	ROUTE 1 BOX 113	
City-St-Zip:	SANDERSON, FL 32087	
Title:	SD	( ) Delete
Name:	TAYLOR, WILLIAM R	
Address:	RT. 1 BOX 180	
City-St-Zip:	SANDERSON, FL 32087	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R TAYLOR SD 04/30/2004

Electronic Signature of Signing Officer or Director — Date